

Termination of Parental Rights

Friday, August 25, 2006

Holiday Inn Select Airport

TOPICS:

- ☐ Use of Bonding & Attachment Research to Fight Termination
- ☐ Attacking Unreliable Psych Testing of Parents – including the MMPI
- ☐ Yes, Virginia, there is a Hearsay Objection in TPR Cases
- ☐ Trial Skills: Cross Examining the State's Social Worker Experts (using IU School of Social Work students as our experts)
- ☐ Trial Rule 60: Proving Prejudice in the Offer to Prove, and Making a Record on the Right to Confront
- ☐ TPR Law Update and Practical Applications

FACULTY:

- ☐ Patty Jewell, MSN, Bethany Christian Services
- ☐ Katy Cornelius, Marion County PD Agency
- ☐ Amy Karozos, SPD, Indianapolis
- ☐ Eric Koselke, Indianapolis
- ☐ Trial Skills Leaders: Amy, Katy, Eric, Elizabeth Gamboa and additional defenders TBA

CLE: (6) six credit hours

• DATE • PRICE • PLACE •

Time: 9:00 a.m. to 5:00 p.m. (lunch will be provided)

Fees: Public defenders: **\$90 by Aug 11; after Aug 11 - \$115; at the door - \$140**

Criminal defense lawyers: **\$115 by Aug 11; after Aug 11 - \$140; at the door - \$165**

Non-Attorneys: **\$65 by Aug 11; after Aug 11 - \$90; at the door - \$115**

New Attorneys (passed the bar in 2004) **\$45 by Aug 11; after Aug 11 - \$70**

Deadline for cancellation refund is **August 4, 2006**

**Place: Holiday Inn Select Airport
2501 S. High School Road
Indianapolis, IN 46241
(317) 244-6861
Free Parking**

- ☐ To guarantee the \$79.00 room rate, at the Holiday Inn Select Airport, you need to reserve by **Monday, July 31 at (317) 244-6861.**
- ☐ This special room rate is for **Thursday, (8/24) only.**
- ☐ Please inform the reservationist that you are with the Public Defender Council when making your reservation.
- ☐ If you have problems, contact Teresa Campbell, Executive Assistant at (317) 232-2490.
- ☐ Register on-line at:
www.in.gov/pdc/general/register.html

Please cut here and return bottom portion with payment

Name: _____ Attorney Number: _____

Business Phone: _____ Fax: _____

Address, City, State, Zip: _____

Email address: _____ Are you a vegetarian? ___ Yes ___ No

Any special diet? _____

Credit Card VISA OR MC _____ Expiration Date _____ CV Code _____

Billing Address _____

☐ I certify that I am a criminal defense attorney. _____

Signature

Mail this form to:

**Indiana Public Defender Council
ATTN: REGISTRAR TPR
309 W. Washington, Ste. 401
Indianapolis, IN 46204-2725
Or Fax to: (317) 232-5524**

TERMINATION OF PARENTAL RIGHTS



**FRIDAY, AUGUST 25, 2006
HOLIDAY INN SELECT AIRPORT
2501 S. HIGH SCHOOL ROAD
INDIANAPOLIS, IN 46268
(317) 244-6861**

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